CHAPTER 21

Office of Intellectual and Developmental Disabilities Family Support Services

**SECTION 44-21-10. Legislative intent; intent of program; guiding principles.**

 (A) It is the intent of the General Assembly that individuals with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities and their families be afforded supports that emphasize community living and enable them to enjoy typical lifestyles. One way to do this is to recognize that families are the greatest resource available to individuals with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities and that families must be supported in their role as primary caregivers. The General Assembly finds that supporting individuals and families in their effort to care for themselves or their family members at home is more efficient, cost-effective, and sensitive than maintaining people with intellectual disability or related disabilities in out-of-home residential settings.

 (B) The intent of the Family Support Services Program provided for in this chapter is to assist individuals with disabilities and their families who desire or choose to support a family member with intellectual disability or a related disability or head injury, spinal cord injury, or similar disability in their home. The program is not meant to create a hardship on a family by supplanting or diverting access from other appropriate or necessary services. It is recognized that persons with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities have the right to receive services from public and other agencies that provide services to South Carolina citizens and to have those services coordinated with the services needed because of their disabilities. It is the position of this State that children and adults have the right to live with their families. The individual's and family's circumstances and desires must be taken into account when considering the appropriate types of services or supports which can best meet the needs of the individual and family.

 (C) In recognition of the importance of families, the following principles must be used as guidelines in developing services to support families:

 (1) Families and individuals with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities are best able to determine their own needs and should be able to make decisions concerning necessary, desirable, and appropriate services.

 (2) Individuals and families should receive the support necessary to care for themselves or their family member at home.

 (3) Family support is needed throughout the lifespan of an individual with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities.

 (4) Family support services should be sensitive to the unique needs, strengths, and values of the individuals and the family and should be responsive to the needs of the entire family.

 (5) Family support should build on existing social networks and natural sources of support and should encourage community integration.

 (6) Family support services should be provided in a manner that develop comprehensive, responsive, and flexible support to individuals and families as their needs evolve over time.

 (7) Family support services should be coordinated across the numerous agencies likely to provide resources and services to individuals and families and should be provided equitably across the State.

 (8) Family, individual, and community-based services should be based on the principles of sharing ordinary places, developing meaningful relationships, learning things that are useful, making choices, as well as promoting an individual's self-esteem.

 (9) Family support services should be sufficient to enable families to keep their family members with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities at home or be sufficient to enable the individual with a disability to remain at home.

 (10) Services provided through the Family Support Program must be coordinated closely with services received from public and other agencies and shall foster collaboration and cooperation with all agencies providing services to individuals with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities.

 (D) The General Assembly recognizes that the Department of Behavioral Health and Developmental Disabilities' Office of Intellectual and Developmental Disabilities for several years has developed and maintained a family support program that provides support services to some families with members with intellectual disability. The success of this program demonstrates the need and value of family support services. More families in the State should be able to receive appropriate services and assistance needed to stabilize the family unit.

HISTORY: 1993 Act No. 38, § 1; 1994 Act No. 344, § 2; 2011 Act No. 47, § 3, eff June 7, 2011.

**SECTION 44-21-20. Definitions.**

 As used in this chapter:

 (1) "Office" means the Office of Intellectual and Developmental Disabilities, a component office of the Department of Behavioral Health and Developmental Disabilities.

 (2) "Family support" means goods and services needed by individuals or families to care for themselves or their family members with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities and to enjoy a quality of life comparable to other community members.

 (3) "Family Support Program" means a coordinated system of family support services administered by the office directly or through contracts with private nonprofit or governmental agencies across the State, or both.

HISTORY: 1993 Act No. 38, § 1; 1994 Act No. 344, § 2; 2011 Act No. 47, § 3, eff June 7, 2011.

**SECTION 44-21-30. Authority to contract or make grants.**

 The Department of Behavioral Health and Developmental Disabilities may contract with or make grants to agencies or individuals to provide for a Family Support Program in accordance with this chapter. Services and supports developed must be flexible to address individual and family needs.

HISTORY: 1993 Act No. 38, § 1; 1994 Act No. 344, § 2; 2011 Act No. 47, § 3, eff June 7, 2011.

**SECTION 44-21-40. Focus of Family Support Program.**

 The focus of the Family Support Program is supporting:

 (1) families with children with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities, twenty-one years of age and younger;

 (2) persons older than twenty-one years of age with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities who choose to live with their families;

 (3) persons older than twenty-one years of age with intellectual disability or related disabilities or head injuries, spinal cord injuries, or similar disabilities who are residing in the community in an unsupported setting, not a state or federally funded program.

HISTORY: 1993 Act No. 38, § 1; 1994 Act No. 344, § 2; 2011 Act No. 47, § 3, eff June 7, 2011.

**SECTION 44-21-50. Contracted agency to assist families in assessing needs and preparing plan.**

 The contracted agency shall assist each individual or family for whom services will be provided in assessing its needs and shall prepare a written plan with the person and family. The needs and preferences of the individual and family will be the basis for determining what goods and services will be provided within the resources available.

HISTORY: 1993 Act No. 38, § 1; 1994 Act No. 344, § 2; 2011 Act No. 47, § 3, eff June 7, 2011.

**SECTION 44-21-60. Services included in Family Support Program.**

 The services in the Family Support Program include, but are not limited to, family support services coordination, information, referral, advocacy, educational materials, emergency and outreach services, and other individual and family-centered assistance services such as:

 (1) respite care;

 (2) personal assistance services;

 (3) child care;

 (4) homemaker services;

 (5) minor home and work site modifications and vehicular modifications;

 (6) specialized equipment and maintenance and repair;

 (7) specialized nutrition and clothing and supplies;

 (8) transportation services;

 (9) health-related costs not otherwise covered;

 (10) licensed nursing and nurses' aid services;

 (11) family counseling, training, and support groups;

 (12) financial assistance;

 (13) emergency services;

 (14) recreation and leisure needs.

HISTORY: 1993 Act No. 38, § 1; 1994 Act No. 344, § 2; 2011 Act No. 47, § 3, eff June 7, 2011.

**SECTION 44-21-70. Implementation contingent upon annual appropriations.**

 Implementation of this chapter and the Family Support Program is contingent upon annual appropriation of sufficient funding for the program and benefits. This chapter does not establish or authorize creation of an entitlement program or benefit.

HISTORY: 1993 Act No. 38, § 1; 1994 Act No. 344, § 2; 2011 Act No. 47, § 3, eff June 7, 2011.

**SECTION 44-21-80. Developmental evaluation centers.**

 (A) The Medical University of South Carolina, the Prisma Health Medical Group-Midlands, and the Prisma Health-University Medical Group are each hereby authorized, as agents of the State of South Carolina, to fulfill the role of Regional Tertiary Level Developmental Evaluation Centers, hereinafter collectively referred to as "developmental evaluation centers."

 (B) As developmental evaluation centers, the above named institutions shall provide neurodevelopmental evaluation and limited treatment services for individuals up to twenty-one years of age who have a suspected or diagnosed neurodevelopmental disorder or who are referred and accepted for services.

 (C) Contingent upon sufficient funding, developmental evaluation centers shall work with institutions, state agencies, and other organizations to increase the number of neurodevelopmental professions, increase community provider neurodevelopmental services capacity through provider training programs, provide technical assistance to improve regionalized, community-based, and family centered systems of care for individuals with neurodevelopmental disorders, and participate in neurodevelopmental research.

 (D) For the purposes of this section, "neurodevelopmental disorders" are characterized by disruptions in the functioning neurological system and the brain, leading to difficulties in one or more of cognition, behavior, social interaction, communication, or motor function. Neurodevelopmental disorders primarily manifest early in development, typically during infancy, childhood, or adolescence.

HISTORY: 1996 Act No. 458, Part II, § 86; 2011 Act No. 47, § 3, eff June 7, 2011; 2021 Act No. 49 (S.431), § 1, eff May 17, 2021; 2025 Act No. 3 (S.2), § 16, eff April 28, 2025.